

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46138

FILED
Jun 11, 2003
Secretary of State

Entity Name: NOVA HIGH SCHOOL BAND PARENTS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

3600 COLLEGE AVE.
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3600 COLLEGE AVE.
BAND DIRECTOR
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0312506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, ROSALIE
4228 SW 70TH TERR
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

PEDRAZAS, KIMBERLY
5085 STILLWATER TERRACE
COOPER CITY, FL 33330 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIMBERLY PEDRAZAS

06/11/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUCKER, ROSALIE
Address: 4228 SW 70TH TERR
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VD () Delete
Name: LEVY, CHERYL
Address: 7010 SW 26TH CT
City-St-Zip: HOLLYWOOD, FL 33023

Title: TD () Delete
Name: PAYTON, JEANETTE
Address: 4861 NW 6TH CT
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: SD () Delete
Name: MEDDOFF, SELMA
Address: 9718 NW 7TH CIR
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: TD () Delete
Name: CLARKE, NANCY
Address: 302 LAKESIDE CT
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEDRAZAS, KIMBERLY
Address: 5085 STILLWATER TERRACE
City-St-Zip: COOPER CITY, FL 33330

Title: PD (X) Change () Addition
Name: PEDRAZAS, ROBERT
Address: 5085 STILLWATER TERRACE
City-St-Zip: COOPER CITY, FL 33330

Title: VD (X) Change () Addition
Name: NOTMAN, PEGGY
Address: 841 SW 118 TERRACE
City-St-Zip: DAVIE, FL 33317

Title: TD (X) Change () Addition
Name: KNABB, LYNN
Address: 1225 NW 4 AVENUE
City-St-Zip: FORT LAUDERDALE, FL

Title: SD (X) Change () Addition
Name: METCALF, MARY
Address: 525 SOMERSET WAY
City-St-Zip: WESTON, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY PEDRAZAS

PD

06/11/2003

Electronic Signature of Signing Officer or Director

Date